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ABSTRACT

The primary concern of this research was to examine the effect, on the self concept of delinquent male adolescents, of a relationship in which they perceive themselves as helpers to other human beings. A group of 20 delinquents were paired with patients at a mental hospital. A comparable control group was selected. All procedures and measurement instruments are described. Results indicate that the institutionalized delinquent youghs who were involved in the treatment condition developed a positive self concept when compared to the control group. No "spin off" effect was reflected in academic improvement. Though such a goal was not included, it was also found that patients involved with the delinquents improved more on pre-selected behaviors than did a control group of patients. (TL)

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A STUDY OF THE EFFECT UPON THE SELF-CONCEPT OF DELINQUENTS WHEN INTERACTION TAKES PLACE WITH MENTAL PATIENTS

(ORIGINAL. - DELINQUENTS AS THERAPEUTIC VISITORS TO MENTAL PATIENTS).

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March 1971

U.S. DEPARTMENT OF
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J. Robert Russo
Associate Professor of Psychology
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A STUDY OF THE EFFECT UPON THE SELF-CONCEPT OF DELINQUENTS WHEN INTERACTION TAKES PLACE WITH MENTAL PATIENTS

Summary:

The primary concern of the study was to examine the effect, on the self-concept of delinquents of a relationship in which the delinquent perceives of himself as a helper to another human being. Stated as a hypothesis: Humans who perceive of themselves as helpers in a relationship grow in positive ways as a result of that relationship. An examination of efficient and effective treatment environments designed to help delinquents toward becoming mature social and political beings.

The specific project was designed to examine the treatment potential of intensive interaction between institutionalized delinquent adolescent males and regressed mental patients. The effect on both the delinquent and the mental patient were not of equal importance to the study. The effect on the mental patient is reported and used as one criterion measure to describe the outcome of the relationship. The relationships were monitored to preclude any detrimental effects.

All states have mental hospitals and youth corrections agencies among a large variety of governmental services. State mental hospitals usually have a small percent of patients who are regressed or for a variety of reasons do not relate well to others. Hospital staff are reluctant to devote time to those patients for whom the probability of success has been demonstrated to be quite low. Humane management often appears to be the best program for this small but significant group of patients.

Like many other states, Illinois has a decentralized youth corrections program based primarily on the security risk of the detained youth. In Illinois, the minimum security risk delinquents are placed in special school camps. The youth in these schools as in other areas of the correctional program, continue to be the clients, the students, the patients, the objects to be helped. The correctional system is not designed to allow the youth to be the counselor, the teacher, the doctor, or the helper. The entire process of arrest, detention, hearing, commitment, institutional placement, and institutional life operate upon the the youth. Any feelings of negative self worth, inadequacy, or dependence, that were present in the youth are confirmed by the very process. A few notable exceptions exist in programs that are specifically designed to improve the delinquent's self-concept.

Before describing the specific research plan, a set of operational definitions are needed:

Delinquent:	a male youth who is legally committed to the Department of Corrections and assigned by that Commission to the facility at Grafton, Illinois, known as Pere Marquette Camp.
Patient:	a person who is hospitalized in a residential unit of Alton State Hospital, Alton, Illinois.

Relationship between patient and delinquent: that set of mutually dependent or exclusive attitudes, expectations, and behaviors that are exhibited by either or both the patient and/or the delinquent.

Self-Concept: an individual's perception of himself in relation to other persons and to his environment as measured by a structured interview, "Who Am I?" and Sentence Completion.

A group of 20 delinquents (Dt's) were individually paired with patients (Pt's) at the mental hospital. The Dt's had frequent periodic visits at the hospital with the Pt's. The schedule of the academic school at the School operates on an every other day basis for a given delinquent. Thus, Dt's visited the hospital on Monday, Wednesday, and Friday one week, and Tuesday and Thursday the next week, for a total of five visits during any two consecutive weeks. The average length of the visiting period was four months. During the visits Dt-Pt pairs were permitted to engage in a wide variety of activities, either as single pairs, with other pairs or with other patients. No attempt was made to structure the interaction between the Dt's and Pt's in a therapeutic, counseling, or helping fashion. The Dt's were not trained as junior therapists. Instead, a systematic attempt was made to help the Dt's, the involved staff, and the Pt's understand each other's "life space." It was felt that an understanding of the hospital routine by the Dt's and an understanding of Dt's by the hospital staff was crucial to the effective and efficient collection of data.

The delinquent population pool (youths residing at Pere Marquette School Camp) consisted of approximately 70 delinquent males at any given time. Generally this population is between 14 and 17 years of age, mixed racially Caucasian and Negro with a small group of Puerto Ricans. Gross physical disorders were not present and psychiatric problems had been screened out during the placement of the Dt's in a minimum security correctional setting. Dt's were randomly selected from a pool of volunteers. Those not selected became control groups (Dc's). Dt's selected wore their own street clothing rather than the state supplied garb. The patient population pool consisted of all patients residing in the several wards of the Madison County Unit of the Alton State Hospital. Selection of patients was done primarily by the Dt's in conjunction with recommendations by the hospital staff. An effort was made to select patients who are regressed and do not relate well to others.

Of the large number of potential treatment variables, two were selected for primary interest in the present study. The first is the therapeutic effects which may incur to the Dt's as a result of occupying a helping role. The operationalization of this variable revolves aroung the previously mentioned use of treatment and control groups of delinquents, the treatment group being put in a helping role. The second independent variable is conceived of as an attempt to explore the parameters of helping role as a therapeutic technique with delinquents. The overall dependent variable was the degree of

improvement in the Dt's feelings and actions. This was operationalized in a number of ways. First were the Dt responses to a pre-post interview. Specifically the Dt's were given an index card with an outline typed on it and asked to respond to the outline into an audio tape recorder. The Dt could stop and start the recorder but not erase. The Dt was requested to fill the tape for some 20 minutes (#225 on the counter). The time to complete this task varied from 20 minutes to an hour and a half. Second, pre-post scores on the Pere Marquette Sentence Completion Blank provided an indicator of attitude changes in six areas. Third, Dt and Dc responses to the "Who Am I" blank provided pre- and post self-concept data. Fourth, changes in scores on standardized academic tests in four academic areas were secured on the assumption that changes in self-concept, confidence, etc., would be reflected in academic achievement.

Changes in patients were determined by having the hospital staff rate any change they observed in the Pt's based on specific behavior lists. Ratings were done both before and after the delinquent visits.

The institutionalized delinquent youths who were in the treatment program developed a positive self-concept when compared to the control group. The difference was significant at the 0.02 level. The treatment group had significantly less (0.05) delinquent scores on the "Who Am I?"

Contrary to previous research findings that indicate improvement in self-concept will be reflected in academic achievement, the present study does not support the "spin-off" effect. One possible reason for the result is an interaction effect. The treatment group valued "Teacher" in a post measure significantly less (0.02) than the control group. "Home," "Peers," and "Camp" were also less valued by the treatment group. "Father" and "Police" were seen by the treatment group significantly more (.02 and .05 respectively) positive than the controls. The control group changed to more highly value "Peers" and "Teachers" and devalue "Father."

The program goals did not include treatment of mental patients but simply to monitor patient behavior. When compared to control patients, the treatment patients improved on pre-selected behavior ($p=0.145$).

In summary, the program began with one year of outside support, functioned for that year in effective ways and is continuing to operate and expand without external financial aid. Delinquent adolescent boys' self-concepts improve as a result of being helpers to mental patients who in turn appear to improve as a result of the relationship.

A STUDY OF THE EFFECT UPON THE SELF-CONCEPT OF DELINQUENTS WHEN INTERACTION TAKES PLACE WITH MENTAL PATIENTS

Introduction:

All states have mental hospitals and youth corrections agencies among a large variety of governmental services. Neither mental hospitals nor youth correctional institutions have been planned systematically on the basis of knowledge of the nature of mental disorder or delinquency. Both of these "total institutions," to use Erving Goffman's term, are largely historical accidents.

Like many other states, Illinois has a decentralized youth corrections program based primarily on the security risk of the detained youth. In Illinois, the minimum security risk delinquents are placed in special school camps. The youth in these schools as in other areas of the correctional program, continue to be the clients, the students, the patients, the objects to be helped. The correctional system is not designed to allow the youth to be the counselor, the teacher, the doctor, or the helper. The entire process of arrest, detention, hearing, commitment, institutional placement, and institutional life operate upon the youth. Any feelings of negative self worth, inadequacy, or dependence, that were present in the youth are confirmed by the very process.

Illinois has "community mental health" hospitals that serve a "zone" which usually consists of several counties and usually a population center that could be considered urban. Within the hospital, the administration is decentralized to develop county units, etc., with the intent to reduce the depersonalizing effects. Despite these administrative efforts to provide effective treatment, "...the present mental hospital is largely a historical accident; it has not been planned systematically on the basis of current knowledge of the nature of mental disorder." (Stanton and Schwartz, 1959, p. 404). "Built solidly into procedures, techniques, and even the language of the mental hospital is the assumption that patients are mere passive objects of treatment; they are to be 'cared for', 'protected', 'treated', 'respected', 'handled', 'controlled.'" (Stanton and Schwartz, 1954, p. 408).

Thus, we have two populations of deviant wards of the State. Could an arrangement be made where the delinquents could "treat" the mentally ill and by so doing become less delinquent? Basically, this is the question to be examined by the research reported below.

The Problem:

The project was designed to examine the treatment potential of intensive interaction between institutionalized delinquent youth and

hospitalized mental patients. The effect on both the patient and delinquent were not of equal importance. The effect on the mental patient was studied, reported below, and used as one criterion measure to describe the outcomes of the relationship. Patient reactions were closely monitored in order to preclude any detrimental effects.

The primary concern of this study was to examine the effect, on the self-concept of delinquents, of a relationship in which the delinquent perceives of himself as a helper to another human. States as a hypothesis: Humans who perceive of themselves as real helpers in a relationship grow in positive ways as a result of the relationship. An examination of this hypothesis is part of a long-term and efficient treatment and environments designed to help delinquents toward becoming mature social and political beings.

Shoben (1958) described how alienation appears to destroy the human being. The loneliness and alienation of Arctic explorers seem to result in psychosis or at least psychotic-like symptoms. This negative extreme of human relationships may not be hate but indifference to or from other's - alienation. Landsman (1966) in contrast to Shoben has been studying positive human experience. "The 'caring for' is the essence, it seems to me, the stuff which binds men invisibly together...." Combs and Snygg (1949) describe "caring for" and "cared for" as the basic needs of maintenance and enhancement of self.

Montague (1970, p. 464) speaking as an anthropologist and "social biologist" defines love as the relationship between persons which contribute to the welfare and development of each. Drawing on the work of such men as Spitz, Binning, Talbot and Menninger, Montague (1970) concludes that love is without any question, the most important experience in the life of a human being. Speaking specifically of youthful thieves, Bowlby (1944) reports "the affectionless character" as a significantly more delinquent than the other thieves. More recently Allen (1969, p. 42) writing about a model treatment unit of the Federal Youth Center at Ashland, Kentucky, concludes "...that the greatest resource for achieving these ends (treatment) is interaction with other human beings...." Describing a correctional treatment program in Warrendale, Pennsylvania, Rath (1970, p. 440) reports that "the beginnings of self respect border on a cliche: One must have something to offer society. Even in jail, one must contribute, somehow."

The genuine "caring for" relationships as therapeutic tools seem to have been limited to "professionals." No references to operational use of helping relationships as a treatment for the delinquent "helper" seem to be available in the literature. Delinquent boys from the Golden Gate Youth Camp in Colorado work with patients at the State Home and Training School of Mentally Retarded but no attempt has been made to evaluate the effect of the visits in any systematic fashion.*

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*Personal interview by D. Cartwright. Golden Gate is part of the Division of Youth Services, and State Home and Training School is part of the Division of Psychiatric Services. Both are under the Department of Institutions, State of Colorado.

Schiebe et. al. (1969) describe a program using college student volunteers as summer staff aides in a mental hospital. Shiebe reports changes in hospital administration, appearance of the wards, reaction of staff, but little if any concern for what happened to the volunteer students as a result of the experience.

Wittenberg (1958) reports on a community organization experiment using local citizens as change agents. His findings indicated that when hostility and frustration is channeled into modifying the participants environment, the dependency needs of the participants are met while, at the same time, enabling them to move toward independent action. Wittenberg reports participants' self-confidence was increased by the community helper role.

Hawkinshire (1963) studied a community treatment program for ex-offenders run by ex-offenders. Challenging the assumption that the helper must be the "same" as the client, he reports that it is the bond of "common shared fate" which seems to motivate the relationship and proves beneficial to both parties. Cressey's (1955) concept of differential association not only applied to Hawkinshire's work but, as will become evident later, bears directly on the present project. "If criminals are to be changed, they must be assimilated into groups which emphasize value conducive to law abiding behavior...." (p. 116).

More directly to the point of the present study Reissman and Pearl (1964, p. 88) commented that "Perhaps then our strategy ought to be to devise ways of creating more helpers or to be more exact; how to transform receivers of help...into dispersers of help...." These authors conclude that (p. 89) we help others best when we ourselves are helped for trying to help. Reissman (1965) indicates that while it may be uncertain that people receiving help are always benefited, it seems more likely that the people giving help are profiting from their role. Reissman's implicit thesis is that "It must be well to help others."

Methods of Procedure:

Before describing the specific research plan, a set of operational definitions are needed:

Delinquent: a male youth who is legally committed to the Illinois Department of Corrections and assigned by the Youth Division to the facility at Grafton, Illinois, known as Pere Marquette School Camp. The facility is a combination of a treatment and re-education/development institution.

Patient: a person who is hospitalized in a ward of the Madison County Unit of the Alton State Hospital, Alton, Illinois.

Relationship between patient and delinquent: That set of mutually dependent or exclusive attitudes, expectations, and behaviors that are exhibited by either or both the patient and/or the delinquent.

Self-Concept: an individual's perception of himself in relation to other persons and to his environment as measured by a structured pre-post interview, Who am I?, and the Pere Marquette Sentence Completion.

Method:

A group of 52 delinquents (Dt's) were individually paired with patients (Pt's) at the mental hospital. The Dt's had frequent periodic visits at the hospital with the Pt's. The schedule of the academic school at the School Camp operates on an every other day basis for a given delinquent. Thus, Dt's visited the hospital on Monday, Wednesday, and Friday one week, and Tuesday and Thursday the next week, for a total of five visits during any two consecutive weeks. The average length of the visiting period was four months.

During the visits Dt-Pt pairs were permitted to engage in a wide variety of activities, either as single pairs, with other pairs or with other patients. No attempt was made to structure the interaction between the Dt's and Pt's in a therapeutic, counseling, or helping fashion. The Dt's were not trained as junior therapists. Instead, a systematic attempt was made to help the Dt's, the involved staff, and the Pt's understand each other's "life space." It is felt that an understanding of the hospital routine by the Dt's and an understanding of Dt's by the hospital staff was crucial to the effective and efficient collection of data.

Subjects:

Delinquents: The population pool consisted of approximately seventy delinquent males at any given time. Generally this population is between 14 and 17 years of age, mixed racially Caucasian and Negro with a small group of Puerto Ricans. Gross physical disorders were not present and psychiatric problems had been screened out during the placement of the Dt's in a minimum security correctional setting. The placement screening also includes academic variables such as "normal or above" I.Q. and school achievement between upper elementary and Junior High School. Dt's were randomly selected from a pool of volunteers. Those not selected became control groups (Dc's). Dt's selected wore their own street clothing rather that the state supplied garb.

Patients: The population pool consisted of all patients residing in the several wards of the Madison County Unit of the Alton State Hospital. Selection of patients was done primarily

by the Dt's in conjunction with recommendations by the hospital staff. An effort was made to select patients who are regressed and do not relate well to others.

Variables:

Independent: Of the large number of potential treatment variables, two were selected for primary interest in the present study. The first is the therapeutic effects which may incur to the Dt's as a result of occupying a helping role. The operationalization of this variable revolves around the previously mentioned use of treatment and control groups of delinquents, the treatment group being put in a helping role. The second independent variable is conceived of as an attempt to explore the parameters of helping role as a therapeutic technique with delinquents.

Dependent: The overall dependent variable was the degree of improvement in the Dt's feelings and actions. This was operationalized in a number of ways. First were the Dt responses to a pre-post interview. Specifically the Dt's were given an index card with an outline typed on it and asked to respond to the outline into an audio tape recorder. The Dt could stop and start the recorder but not erase. The Dt was requested to fill the tape for some 20 minutes (#225 on the counter). The time to complete this task varied from 20 minutes to an hour and a half. Second, pre-post scores on the Pere Marquette Sentence Completion Blank provided an indicator of attitude changes in six areas. Third, Dt and Dc responses to the "Who Am I" blank provided pre- and post self-concept data. Fourth, changes in scores on standardized academic tests in four academic areas were secured on the assumption that changes in self-concept, confidence, etc., would be reflected in academic achievement.

Changes in patients were determined by having the hospital staff rate any change they observed in the Pt's based on specific behavior lists. Ratings were done both before and after the series of Dt-Pt visits.

Findings and Analysis:

Academic Achievement

Table I below presents the pre-test results of Stanford Achievement Battery for the population under consideration. The mean I.Q. scores (Revised Beta) were 103 and 105 respectively for the treatment and control groups.

TABLE I

PRE-TEST MEANS, STANDARD DEVIATIONS, AND DIFFERENCE BETWEEN MEANS ON STANFORD ACHIEVEMENT GRADE PLACEMENT SCORES FOR TREATMENT (Dt) (N=52) and CONTROL (Dc) (N=24) GROUPS

	PARAGRAPH MEANING		WORD MEANING		SPELLING		ARITHMETIC		BATTERY AVERAGE	
	Dt	Dc	Dt	Dc	Dt	Dc	Dt	Dc	Dt	Dc
Mean	7.09	7.64	7.39	7.37	5.79	7.36	6.00	6.15	6.94	6.52
S. D.	1.91	2.20	1.78	2.02	3.59	2.37	1.72	2.25	1.58	2.65
"t"	-1.11		0.04		-1.95		-0.33		0.86	
Probability	0.27		0.97		0.05		0.74		0.60	

From the pre-test results it was concluded that no difference in academic achievement existed between the Dt's and the Dc's in all areas except spelling. The youth who are placed at Pere Marquette, as previously noted, have been selected on a number of variables that include achievement data. Reissman (1965), Mower (1964), and Reissman and Pearl (1964) all imply that when a person evidences a more positive self-concept, a "spin off effect" occurs. In the case under consideration, the above authors' conclusion would lead to a prediction that academic achievement for the treatment group should be greater than for the controls because the treatment group evidenced an improved self-concept. Table II below does not support the prediction.

TABLE II

POST-TEST MEANS, STANDARD DEVIATIONS, AND DIFFERENCE BETWEEN MEANS ON STANFORD ACHIEVEMENT GRADE PLACEMENT SCORES FOR TREATMENT (N=52) and CONTROL (N=24) GROUPS

	PARAGRAPH MEANING		WORD MEANING		SPELLING		ARITHMETIC		BATTERY AVERAGE	
	Dt	Dc	Dt	Dc	Dt	Dc	Dt	Dc	Dt	Dc
Mean	7.30	7.92	7.13	7.55	5.77	7.31	6.50	6.98	7.04	7.28
S.D.	1.97	1.78	2.15	1.48	3.56	2.09	1.64	2.08	1.76	1.43
"t"	1.35		0.87		2.00		1.10		0.59	
Probability	0.18		0.61		0.05		0.28		0.57	

As evidenced in the pre-test, the means in spelling are again significantly higher for the Dc group.

The above analysis would indicate that the treatment program had no influence on academic achievement as measured. A closer examination of the data is made in Table III. Pre and post data are presented for both groups.

During the 12 week time period the population did not produce achievement scores indicating significant growth. Seven of the ten pairs of means were in the "right" direction but not to a significant degree. As previously noted, the population attends school every other work day. Twelve weeks in the school program is the hour equivalent of six weeks in a public school. Within this time span no measurable academic change occurred in either the Dc's or the Dt's.

TABLE III

PRE AND POST MEANS AND DIFFERENCE BETWEEN MEANS ON STANFORD ACHIEVEMENT SCORES FOR TREATMENT GROUP (Dt N=52) and CONTROL GROUP (Dc N=24)

		PRE MEAN	POST MEAN	"t"	PROBABILITY
PARAGRAPH MEANING	Dc	7.64	7.92	0.50	0.62
	Dt	7.09	7.30	0.71	0.51
WORD MEANING	Dc	7.37	7.55	0.35	0.73
	Dt	7.39	7.13	-0.69	0.50
SPELLING	Dc	7.36	7.31	-0.09	0.93
	Dt	5.79	5.77	-0.04	0.97
ARITHMETIC	Dc	6.15	6.98	1.33	0.19
	Dt	6.00	6.50	1.60	0.11
BATTERY AVERAGE	Dc	6.52	7.28	1.25	0.21
	Dt	6.94	7.04	0.40	0.69

Administrative and Operational:

Both the hospital administration and the camp staff originally felt that the delinquent boys would have a difficult time developing relationships with geriatric patients. Thus, only a few of the original group of boys worked in the geriatric units. Very quickly it became apparent that for both the boys and the patients the geriatric-boy relationships were going to be very productive. At six months into the program, about 80% of the youth were with geriatric patients. Because of patient population shifts and staff changes at the hospital the majority of the Dt's are now working with mentally retarded adults.

The principal investigator did not feel that the program would have any significant impact on the boys in the vocational area. This has not proven to be true. A significant number of boys have requested letters of recommendation from both the project staff and the hospital. Upon parole, these boys have returned to their home communities and attempted to enter their local mental hospitals in similar roles. For the majority, this has been a disappointing experience. They are either too young to be hired or the hospital is not willing to take the risk of having a delinquent boy as a volunteer or staff.

It was originally estimated that about half of the available population would volunteer for the program. In practice, about 90% of the available population volunteers. Of the 60 Dt entering the program, eight did not complete the three months. Of the eight Dt who did not complete the program, one "quit" for unspecified reasons after a few days. One Dt was enrolled full time in a local community high school; one Dt was elected dormatory president requiring him to be at the school camp each day. Three Dt's violated Department of Corrections regulations that were of serious nature and were returned to the diagnostic unit for evaluation. These violations did not occur at the hospital. Two of the eight Dt's who did not complete the program violated the program and hospital guidelines to an extent that both the staff and other young delinquents dropped them from the program.

Of the original 26 Dc, two were dropped. Both Dc were returned to the diagnostic unit for serious rule violation at the school camp.

Another unexpected happening was that the delinquent boys actively sought out and participated in in-service training programs at the hospital. Specifically, the boys were very active in workshops conducted by a geriatric consultant and a physical therapy consultant.

It was expected that many problems would occur between the hospital administration and the research program. Minor conflicts have occurred and in all instances these have been resolved at the staff level. The harmony that is apparent can be attributed to a variety of factors. The hospital administration was genuine in its interest in the program and continues to respond in very positive ways. The coordinator of the program, Don Tanner, and his assistant, Gayl Rummerfield, used their human relations skills in a very productive way. The counselor who accompanies the boys from the camp, Bob Gilland, has been of great help partly because he was employed by the hospital prior to his present position. The pre-planning that was begun two years in advance of program commencement dealt with many issues including predicted problems that ranged from patient rape to delinquent run away. The open discussion of the predicted problems and possible alternative solutions provided a base to deal with the real problems as they arose.

Kuhn "Who Am I":

The subjects were given a page with the title "Who Am I?" followed by twenty blank lines double spaced. Administration was pre and post. "Locus" scores were derived. Locus refers to how many statements from the beginning, without deviation, referred to purely objective self descriptions. Higher scores are indicative of less delinquency prone youth. A previous study (Russo, 1969) produced a pre-test locus score median of 3 on the same institution with different subjects. For the present population the pre-test medians are 3 for the Dt groups and 4 for the Dc groups.

The change in score data in the analysis below were generated by subtracting the pre-locus score from the post-locus score. Thus the positive score indicates a higher post score.

TABLE IV

CHANGE SCORES ON KUHN TWENTY STATEMENTS TEST FOR TREATMENT (N=40) AND CONTROL (N=14) TREATED WITH FISHER EXACT PROBABILITY TEST

	Dt	Dc
+	22	8
0	8	3
-	10	6

p = .05*

Simply put, the Dt group compared with the Dc's had significant positive change scores that are indicative of less delinquency prone youth.

Pere Marquette Sentence Completion Blank:

The 20-item instrument is a local adaptation of a widely used technique that is designed to elicit responses to specific phrases or stems. Each stem was to be made into a complete sentence by the student using whatever words or phrases he wanted.

The scoring was done to reflect a simple count of positive, neutral, or negative ratings for the individual responses to items which dealt with Peers, Home, Mother, Father, Police, Future, Myself, Teacher, and Pere Marquette School. The scores used in the analysis are movement or change scores. The direction of movement is the basis for the score. A subject who moves from negative to neutral gets a +1 as does a subject who moves from neutral to positive on a given concept. The magnitude of the movement was not considered in the analysis present in Table V. Of 362 change scores, 37 had extreme movement, i.e., from negative to positive or positive to negative. An examination of these extreme change scores provides a possibility for future study.

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*Segal, S. Nonparametric Statistics. McGraw Hill, 1956. The expected frequencies are too small to use a standard Chi Square Analysis.

The Dt's evidenced extreme negative movement on the concepts of Camp Teachers. Specifically, 11 of the 24 Dt's attitude movement was extreme and negative toward either or both the camp and teacher. On the other hand, 5 of the Dt's had extreme positive movement on the concept of Future. In contrast, 5 of 13 extreme scores in the Dc group were extreme positive movement on the concept of Teacher.

It would appear that based on the small percentage of extreme scores, that the Dt group changed to a negative opinion of the camp and teacher yet the Dc evidenced a movement toward positive opinion toward teachers. An examination of these speculations will be made as a part of a follow-up study.

Table V presents the change scores considering the direction only.

The concept of myself is a special interest to the present study. As can be seen from the Table V positive Dt movement on the concept "Myself" is significant below the 0.02 level. The Dc movement was in a positive direction but of statistically insignificant magnitude. Father and Police can be viewed in significantly more positive ways by the Dt's. Peers, Home, Teacher, and Camp seem to be less highly valued by the Dt. Group. These differences are not significant but are in directions to support the earlier findings. The Dt group did not achieve in significant ways academically. In addition the Kuhn change scores would appear to indicate a devaluing of delinquent peers and perhaps a delinquent environment.

The Dc contrast with the Dt in some interesting ways. An examination of Table V shows that the Dc group changes to more highly value Peers and Teacher and devalue Father. Dt's appear to have an opposite movement on all three concepts.

Audio Taped Structured Interviews:

The portion of the study consisting of the pre-post audio taped interviews made by each Dt was designed to elicit changes in the Dt's attitudes and feelings toward others and himself as a result of participating in such a helping relationship. As described earlier, each Dt was to respond to an outline into an audio tape recorder for approximately 20 minutes. The pre-tapes were made within the week which the Dt began work at the hospital while the post-interviews were taped on an average of two to three months after the Dt began his hospital work. The Dt's were asked to talk about such things as their feelings toward camp, their home life, themselves, their work at the hospital and how they felt other people perceived them.

The tape recordings were analyzed on the basis of the attitudes expressed by the delinquents toward the concepts which they were asked to talk about--camp, home life, themselves, Alton (hospital) detail, etc. Each Dt's attitude toward the different variables were rated on an 11 point scale of -5 to +5, with -5 indicating extreme

TABLE V

PRE- POST- CHANGE SCORES ON SELECTED CONCEPTS FROM THE

PERE MARQUETTE SENTENCE COMPLETION BLANK FOR TREATMENT (N=24)

AND CONTROL (N=18) SUBJECTS TREATED WITH THE SIGN TEST

		PEERS	HOME	MOTHER	FATHER	POLICE	FUTURE	MYSELF	TEACHER	PERE MARQUETTE CAMP
TREATMENT	Positive	5	5	6	10	8	7	12	3	5
	No Change	11	12	17	11	15	13	9	15	12
	Negative	8	7	1	3	1	4	3	6	7
	Probability of Significant Change	0.291	0.380	0.060	0.046	0.020	0.270	0.018	0.250	0.380
CONTROL	Positive	8	5	4	3	3	8	6	8	1
	No Change	7	9	14	12	13	8	8	9	12
	Negative	3	4	0	13	2	2	4	1	5
	Probability of Significant Change	0.113	0.500	0.031	0.650	0.344	0.055	0.377	0.020	0.109

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negative feelings toward the particular item and +5 indicating an extremely positive attitude or feeling. A copy of the score sheet is appended. (Appendix A)

The pre- and post-tape interviews were judged by two graduate students, a male and a female. The two students had worked together before on a related task, about 1½ hours a day five days a week for three months.

The inter-judge reliability approached unity. Out of a possible 700 rating by each of the two judges on an 11 point scale, only 12 pairs of ratings were different by two points. No difference appeared that was greater than two.

The two judges listened to the tape interviews and scored the 14 categories of the score sheet. Such categories were 1) camp, 2) camp staff, 3) social self, 4) himself, 5) hospital, 6) mother, etc., etc. For each category it was possible to score from -5 to +5 on a continuum. Each judging session lasted for 1½ hours.

Since the ratings were of such a subjective nature it is somewhat difficult to describe the basis by which a particular score was assigned. In general, both what the Dt said about a particular item in addition to how long he talked about the item were taken into consideration. For example, the Dt who would merely state "I like Pere Marquette" might receive a rating of +1, while the Dt who would take five minutes to describe all the positive features of the camp which account for his extreme like of the camp would receive a higher positive rating.

Only seven Dt's completed both the pre and post tape recordings and in about one half of the recordings that were made the response outline was not followed. Thus, the data obtained in this portion of the study was not complete. The results of the incomplete data has stimulated additional research on a new group of Dt's using a more structured interview technique. Of special note is that the seven Dt's that did have complete data, the "social self" rating moved from a mean of 1.66 to a mean of 2.25.

Though much of the data sought in the interviews was compiled in incomplete form, one of the most promising results of the taped recordings was that all the Dt's who spoke of the hospital or their Alton detail were rated as having positive feelings or attitudes towards their work and their relationships with the patients. Generally, incarcerated delinquents expressed that they found working with the mental patients both enjoyable and satisfying. The following are excerpts from a few of the Dt's recordings which seem to point.

> "...I have had this patient named (------) and he's got one leg cut off. I read his record, you know, and found out a lot of things about him. Since I have been here I got him walking on his crutches now instead of sitting in a wheel chair all day and I really feel really

good about that, helping a person like that. We have had a pretty good relationship, sitting and talking a long time every once in a while during the day and really getting on a good subject, about home, and he is going to write me when I get out and I am going to write him and he is going to answer my letters. I tried to get him out of here and they are still working on it, trying to get him a job in a hotel working behind the desk."

"I've been working here since I was at Pere Marquette the third week. I like this kind of work, it makes me feel like I've really accomplished something. I've been thinking about working in a state hospital, a state institution...I have been working with numerous patients and I've picked out my certain patient, her name is (------). I've really enjoyed working with her, in particular the only real problem that she's got..."

"But because the patients are bad off and can't help them that's why I like to help them. I want to keep trying to come out here when I don't work on my job, like when I'm off, I want to come up here and work on the ward with the patients. Maybe I'll make it and maybe I won't but I like it OK and one of these days I'm going to come out here and get a job and work steadily and maybe everything will go OK."

"I would really like to some day get back here at the same kind of stuff and be a psychiatrist maybe. That is a long way off but maybe someday it will happen, you know, but I mean, what I'm trying to say is I really want to do that and it might happen and might not. There are ways, and where there's a will there's a way and I hope I have one of the ways."

"One of these days though I'm going to come out here and see some of these old patients I used to work with and if they are still here talk to them and see how they are doing and when they are going home and stuff and maybe take them out with me someplace and have a little talk with them."

"We sit there and talk about when he was younger and things he used to do and he'd ask me and I'd tell him what I used to do before I came to the Youth Commission and what I intend to do when I get out. Sometimes he gets in moods where he doesn't want to do anything because of the medicine they give him, he complains he doesn't feel like doing a lot of things. I tried to talk to the aides on the ward to see what they gave him the medicine for and if it was necessary or not."

"When I first came to work here I was a little worried about the patients because of what I had heard about it. But after I was here a few days everything was all right between me and them."

"As far as the patients are concerned most of the patients are OK, there are one or two exceptions that kind of get on your nerves and things like that, always doing something, but most of them are OK and you like to try and help them and that is what I have been trying to do in the best I could, trying to help them as much as I possibly could. Walking them, playing cards with them, and talking to them and things like this."

"I like working on Alton detail because it gives you a chance to help some of the people out here and taking them out here and taking them outside and get some of the fresh air and everything and it sort of makes you feel kind of good knowing you are helping somebody who needs it and doing something nice for a change."

"There is another patient that I am really interested in. She seems to have straightened up a lot since I have come here. I don't know her last name. When I first started working here I hardly ever heard her talk, she just walked around like she was in a daze. She used to cause a lot of trouble. I really never tried talking to her before and one day I decided to try and she talked all right--I could understand her and one day me and (------) sat down and asked her if she knew how to read and she said yes and we handed her a book and asked her to read to us. Sure enough, she knew how to read and she knows how to write just a little bit. And I have heard a lot of good things about her the last couple of weeks, she is really straightening up and I have noticed it a lot too, like last week was the first time I even thought about taking her out for a walk, it was the first time I even trusted her, she had straightened up so much. And she just seems, well, there are some things she has a little trouble with, like when you ask her to do something she don't pay no attention to you or something like that, but I think she is really good and has really straightened up a lot."

"There is going to be a whole lot of hard roads where I am going now, I just hope I can stand up tall to them."

Anecdotal Records:

During the period of data collection, the two part-time staff kept anecdotal records of what appeared to be significant incidents related to the Dt's. Excerpts from these records are presented below and organized into several categories: Hospital staff, Group activities with patients, physical environment, vocational impact, social self, personal self, and Dt-Pt relationship.

Hospital Staff--

-Supervisor reported to me that she has received many fine comments regarding the work of the new group of boys as a whole. The staff from Ward 1 was appreciative of the help received from the boys when the patients were moved to Ward 2.

-Nurse reported that Dt took the initiative to clean up the mess caused by an incontinent patient.

-Aide on the ward remarked to two staff separately that Dt had been a great help to him on ward. They have had a lot of trouble with patient and staff said, "I don't know what I would have done without Dt's help."

-Dt is going home this week. The staff on the ward is making quite a fuss over him. On Thursday two social workers took Dt out to lunch. The staff is also taking a collection to send a gift to Dt. This seems to have been initiated by the M.D. for the ward.

-Nurse said that one day when she was on the ward alone she wasn't feeling well at all. Dt helped her out just as if he were staff in the areas in which he could.

-One day when there was a shortage of staff people, Pt wandered off the ward without permission. Dt asked if he could go look for her. Dt called back to the ward when he found her because it had been quite a while since he had set out to look for Pt.

-The staff had very good things to say about three boys on the ward at their staff meetings. One boy was being criticized but the staff jumped to the defense of the boys commenting on their willingness, friendliness, and genuine concern for the women on the ward.

Group Activities--

-Dt led group discussion with geriatric females on the topic "Halloween." Patients reminisced old times and Dt said it was good to hear them talk like that. He felt that it was a good idea to involve a greater number of ward patients in the activities.

-Dt reported a successful group activity involving five patients, a ball, and several bean bags.

-The boys decided to have a Christmas party for their particular patients. Refreshments, a bingo game, and Christmas carol singing were planned. It was arranged to get coffee and cookies, some bingo prizes, and the portable piano was transported to the lounge area for the two parties.

-Committee had a meeting today. They would like to organize a party similar to the Christmas party but perhaps on a little larger scale. The boys suggested that they might sell candy to make some money to pay for prizes, games, etc. They were enthusiastic about it and it was totally their own idea.

-Dt volunteered to take a book to a ward and read it to the patients.

-Dt got a group of five or six patients singing on the ward.

Physical Environment--

-Dt proposed some simple goals for a patient and has been successful in reaching the goals of getting the patient out of a chair and walking for short periods several times a day.

-Dt was able to involve a patient in ball toss, who previously would not become involved in anything except walking randomly around the ward.

-Patient was reluctant to allow any of the staff to help him bathe. However, he trusted Dt and had enough confidence in Dt that he asked him to help him bathe.

-Dt has been checking into getting a wooden leg for patient. He wants to encourage patient to become involved in the Special Services Program because there will be more of a chance to get the leg.

-Staff observed Dt spoon-feeding lunch to one of the less able patients. Staff particularly noticed how patient and gentle Dt was with the patient.

-Dt was instrumental in arranging a grounds pass for patient, and took him over to the lounge. Expressed happiness over the fact; was glad he could help him in some way.

-Dt initiated contact with social worker in behalf of a patient. It was hoped that the patient could be sent for specialized service training. Dt reported that he has talked to the patient and urged him to take part in the training program. Dt was also able to arrange for a grounds pass for this same patient, working through the ward staff and the social worker.

-Dt was observed walking with a patient and supporting her while they walked.

-Dt was able to teach a new patient five card tricks. The patient responded by teaching the Dt what he called "a real mellow trick."

-Dt was extremely interested in the possible placement of a patient into a nursing home. He insisted that it should be left completely up to her, because she knew what she would like to do and where to go.

-Dt expressed concern for glasses and teeth for patient.

-Dt went to library to request information on sign language and began "communicating" with patient using hand signs.

-Dt encouraged patients to participate in a checkers tournament with the winner receiving a small prize. Patient who won has a wheel chair which he is reluctant to give up in favor of his crutches. Dt was successful in encouraging patient to use his crutches today to go to the administration building. Dt went to the hospital to see if he could find pads for the crutches. He was successful and gave them to the patient.*

Vocational--

-Dt asked the nurse if she would write recommendations for him so that he could try to get a job at a hospital when he was paroled. The nurse was concerned,

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*Note: The patient in question had refused to use crutches for some months. Staff could not understand why. Dt's discovered that wooden armpit parts hurt the Pt. Dt's then "liberated" some foam rubber. Patient began to use crutches. Over a weekend the "liberated" foam was recovered. The Pt was not using crutches on Monday when Dt's returned. Staff was informed by Dt's that the padding was needed. Pt now uses crutches regularly.

however, that Dt might become discouraged and wanted to talk to him so that his expectations would be realistic.

-Dt has seemed sort of distant about the detail. Today, he casually mentioned that after he gets out of school he would like to work at a mental hospital.

-Dt said that though he wanted to go home he sort of wished he could stay and work with the program.

-Dt asked nurse to give him a letter of recommendation. He would like to check into getting a job in a general hospital after he leaves the camp.

-Dt requested a letter of recommendation for work at a hospital. Wanted to know about the possibility of working at a hospital as something like a candy striper.

Social Self--

-Nurse told me that Dt was doing a very good job especially with a patient who was a run away. (Note: This Dt was viewed as a high run risk at the school camp.) With the Dt's help and supervision this patient was able to go outside for walks whereas he had previously been prohibited. Dt also took this patient to the commissary and bought him coffee (out of his own money) and talked with him. According to the nurse this patient is usually very confused but the Dt has made an impression on him. After the Dt leaves the patient will often ask the nurse "Where did that boy go?"

-Dt had been a problem at camp but the staff had already noticed an improvement in his behavior. He has been on the hospital detail one week.

-A female patient remarked to another woman on the ward that two of the Dt's were two of the best boys she had ever seen. This remark was overheard.

-Two patients got into a fight on the ward. Dt jumped up immediately and separated them. He put his arm around one and talked to her quietly until she calmed down. He then sat down on the couch with one of them on each side of him and talked to both women. Nurse was impressed with the kindness and tenderness he showed to both of these people.

-Dt brought his family for a visit to the hospital and his ward. Dt reported to us that they enjoyed seeing where he worked.

Personal Self--

-Dt has been working with patient who is deaf and mute. Dt learned sign language so he could communicate with him.

-Dt told another Dt that the Alton detail was the closest thing he had ever had to a home.

-Dt said that he really liked working on the detail. It gave him the feeling that for once he was doing something worthwhile. While on Christmas furlough he asked his mother to buy him some books on mental illness.

-Dt said it feels good to be trusted and needed. He didn't feel he had ever been trusted so much before.

-Dt said that working with patient has really helped him to become more patient. He said he could never put together model cars because he didn't have the patience. With the patient the hand communication is so slow that it has forced him to become more patient.

-Dt voluntarily stated, "Being here on the Alton detail has changed me."

-Dt was able to relate to patient better than the staff was able to.

-The Committee at camp (governing body of young men) is recommending the Alton detail to boys that are messing up. They feel the detail will straighten them out.

-Received a letter from Dt. He commented that he feels the Alton detail really helped him a lot. He has been paroled four months and hasn't had any problems.

-Dt's patient has not been receiving any money from her relatives. Dt has bought cigarettes for her a couple of times. He is leaving today and expressed some feeling about leaving this patient. He said her story makes you want to cry.

Dt-Patient Relationships--

-Dt introduced "his" patient to a group of three visitors as "my friend." Later he told me that the patient had told him "You are the only friend I have." Dt said this made him feel very good.

-Walked with Dt and his patient. Dt said he wished he could take him with him but he knew it couldn't be arranged. He also said that on his "visits" (when

parents come to camp) that he has been coming to see the patient on Sunday. They are not supposed to come to Alton on their "visits." Also asked again if there wasn't something that could be done for the patient to make him hear, i.e., an operation.

-While discussing whom Dt had chosen as his patient to work with, he mentioned his reason for his choice, "I respect him and he respects me."

-Dt has been working with a very difficult patient who is disliked by the staff and other patients. Dt feels that he can relate to the patient and is upset when he feels that the patient is being unnecessarily discriminated against. The staff tried to discourage Dt from working with this patient.

-Dt was worried that after he left his patient would not have anyone to take care of him, that he would be lonesome. Wanted someone to look after patient when he left.

-Patient is reportedly one of the most difficult patients on the ward, i.e., stubborn and rude. Two Dt's were surprised to hear this since they had been working with her and she had been very pleasant and cooperative with them.

-Patient told staff that she really felt Dt could help her just by talking to her.

-Dt wrote a short essay on his patient. The most touching remark was, "She is like a grandmother to me."

-Staff is very hostile to patient and strongly urged that Dt not work with him because he was such a "terrible" person. Dt persisted however because he felt he could help.

-Dt commented that he felt there had been a lot of improvement in his patient since he had first come to the hospital and that he now felt he could trust her enough to take her for walks.

-Patient has been very upset for several weeks, expressing this by breaking windows and inflicting injury to herself. Dt decided to work with her. He told her that if she just had to break windows why didn't she throw things. He hoped that this way at least she would not hurt herself. Patient expressed that she felt she must punish herself. Dt seemed to have trouble understanding this wish, he wondered what she was punishing herself for.

-When Dt first came on the ward, the patient was very frightened of him. Dt began just by saying hello to him until they were on speaking terms. Today Dt brought an orange from camp and gave it to the patient. The Dt's are forbidden to take food from the kitchen so he was taking a chance doing this.

-After the staff on the ward attempted unsuccessfully to involve one of the patients in a group activity, Dt was able to get the patient to play pinochle with two other patients. One of the staff members commented that it was a real miracle to get this patient to do something like this.

-In working with patient Dt has emphasized courtesy and encouraged her to keep herself groomed and she does seem to try to remember her "excuse me's" and "thank you's" when Dt is there.

-Dt has successfully attempted to teach a mentally deficient patient to count to 15 and spell simple words such as "cat" and "dog." He also taught the patient to hold a cigarette in such a way that he would not burn himself.

-Dt went with a group of patients on a bus trip and sat next to a patient who began laughing spontaneously with no apparent cause. One of the staff people reporting how well Dt handled this situation said, "Dt's response was beautiful. He showed a real depth of understanding."

-Dt called patient's neice (with social worker's permission) and urged her to write letters to the patient because "he was alone" and "other patients get mail and he feels left out."

-Two Dt's have been playing cards steadily with a man on the ward. The days when they are not here he consistently inquires about them and seems to look forward to seeing them very much.

-After taking patient to the movie on Wednesday afternoon the patient remarked that Dt was her "boy friend" in a joking manner. She did seem quite pleased with his companionship and there seems to be a fairly close interest between the two.

-Dt was concerned about his patient who was depressed and worried about his family. Dt talked to social worker about it hoping that patient could go home or see his family. Social worker is going to try to arrange a home visit during the day next week. Dt wants to go along and social worker would like him to do so.

-Dt has been very upset about a young man who has been messed up by LSD. He wanted to stay at the camp during his Christmas furlough so that he could continue to visit and help this young man.

-A patient on the ward gave the Dt some presents for Christmas. Dt was very touched and felt bad that he didn't have anything to give him in return. Finally Dt went to the O.T. shop and got a plaque which he gave the man for Christmas.

-When Dt ran from the detail he had $1 which he had borrowed from a nurse. He had said to her, "What if I run with your money?" About two weeks later Dt was returned to camp and to the detail. He gave the nurse the dollar which he had borrowed.

Hospital Patients--

In order to obtain data concerning the effect of the program on the patients involved, each youth chose a patient with whom he concentrated his efforts. The researchers consulted with the ward personnel to determine behavior that would constitute improvement in these patients. A control group was randomly selected within each ward and the same type data collected. As each youth was terminated in the program (or at the end of three months), the staff was again consulted about any changes in treatment patient behavior and control patient behavior. An effort was made to consult the same staff at the end of the treatment period.

Two of five behaviors were specified per patient. For the treatment group (Pt), thirty-six behaviors were listed. Thirty-four behaviors were listed for the Control patients (Pc).

A list of the specified behaviors and the treatment outcomes are presented in Table VI.

Consider each behavior category separately. For example, 62.5% of the Pt improved and 50% of the Pc improved on staff ratings of cleanliness. On Socialization 20% of Pt showed improved ratings and none of the Pc produced improved ratings. A count of the number of times the Pt percentage of improvement is greater than the Pc percentage produces N=8 and x=2 for the Sign test (Siegel, 1956).

The difference between the Pt and Pc groups' is significant at below the 0.145 level. It can be suggested that the patients with whom the delinquent boys worked showed more improvement than the patients in the regular hospital program. This is not to suggest that WASP volunteers could not have produced the same change in patients. Conservatively stated, the patients were not damaged by the delinquent boys and probably are "better" as a result of the program.

TABLE VI

PRE AND POST HOSPITAL STAFF JUDGMENTS ON SPECIFIC BEHAVIORS CONSTITUTING PATIENT IMPROVEMENT

Behaviors	Treatment		Control	
	Designated (Pre)	Improved (Post)	Designated (Pre)	Improved (Post)
Cleanliness	8	5	4	2
Socialization	5	1	2	0
Sexual Deviations	1	0	3	2
Hyperactivity	1	1	1	1
Cooperations with Staff	5	1	3	0
Combativeness	2	1	1	0
Sociability	9	7	11	3
Constancy of mood	1	0	3	1
Independence	1	1	2	0
Disorientation	3	0	4	0
TOTALS	36	17	34	9

Conclusions:

The institutionalized delinquent youths who were in the treatment program developed a positive self-concept when compared to the control group. The difference was significant at the 0.02 level. The treatment group had significantly less (0.05) delinquent scores on the "Who Am I?"

Contrary to previous research findings that indicate improvement in self-concept will be reflected in academic achievement, the present study does not support the "spin-off" effect. One possible reason for the result is an interaction effect. The treatment group valued "Teacher" in a post measure significantly less (0.02) than the control group. "Home," "Peers," and "Camp" were also less valued by the treatment group significantly more (.02 and .05 respectively) positive than the controls. The control group changed to more highly value "Peers" and "Teachers" and devalue "Father."

The program goals did not include treatment of mental patients but simply to monitor patient behavior. When compared to control patients, the treatment patients improved on pre-selected behavior. (p=0.145).

In summary, the program began with one year of outside support, functioned for that year in effective ways and is continuing to operate and expand without external financial aid. Delinquent adolescent boys' self-concepts improve as a result of being helpers to mental patients who in turn appear to improve as a result of the relationship.

Recommendations:

Any replication of the program should only be undertaken after careful planning by all agencies involved. Hasty implementation could have produced serious problems in research program reported herein.

The effect on the delinquent's attitude toward adults in general and geriatric patients in particular as a result of "helping interaction" appears to be a fruitful area of study. The Appendix contains such a proposal. (Appendix B.)

One of the potentially most important findings from the program appears to have been that those delinquents who are viewed as "most difficult to deal with" by the school-camp staff are rated by hospital staff as "the most effective helpers." The student-run committee at the school camp has in several instances recommended that difficult students might be placed in the hospital project. Apparently, the committee had seen the positive effect the hospital experience had on other difficult youth. During the weekly staff-student reviews held at the school camp, individual students are present and are reviewed by all camp staff. During the past year many instances have ocurred where the only positive feedback a student received at his review was from his performance at the hospital. Recently, the school-camp staff

considered returning a student to the diagnostic unit for another institutional placement because of his negative attitude and resulting behavior during the alternate days when the student was at the school camp. As an alternative, the staff developed a treatment plan that included full time placement at the hospital in a helping role. The present data indicate that the most difficult delinquent youth seem to make the best helpers. The hypothesis needs thorough examination. Simply put, a critical need exists for a follow-up study of the treatment and control subjects of the study. Data for the follow-up should not be limited to questionaires sent to parole officials.

The research methodology dealing with the structured interviews with the delinquent boys is being revised to test the sensitivity of such an instrument for the type of population and variables under study.

A moral and ethical issue arises from the study. What happens to the youth who has a positive self-concept, valuing honesty and human dignity and is paroled into an environment that labels him as unworthy, dishonest, and of little value? He may not treat authority with acquiescence, deference, or obeisance.

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APPENDIX A

R-RATING SCALE OF PRE AND POST TAPINGS OF ALTON DETAIL

NAME OF SUBJECT_____ AGE_____

DATE OF HEARING TAPE_____

DATE OF TAPE_____

WEEKS AFTER PRETAPE_____

PRE OR POST_____

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 1. Camp

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 2. Camp staff

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 3. Joliet

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 4. Peers

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 5. Social self

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 6. Himself

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 7. Home life

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 8. Mother

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 9. Father

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 10. Siblings Sis/Bro

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 11. Siblings

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 12. Siblings

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 13. Hospital

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 14. Patient

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 15. Patient progress

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 16. Alton detail

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 17. Physical Environ. of Hosp.

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 18. Himself

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 19. Social self

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 20. Future for self

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 21. Vocation plans

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 22. Patient progress

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 23. Way he sees pt. views of him

-5 -4 -3 -2 -1 0 1 2 3 4 5
—/—/—/—/—/—/—/—/—/—/—/ 24._____

_____ 25. Places on tape to listen to.

Use other side of page for---------- 26. Comments

9/70

APPENDIX B

CHANGE IN JUVENILE DELINQUENT'S ATTITUDES TOWARD OLD PEOPLE AS A FUNCTION OF INTERACTION WITH GERIATRIC AND ADULT PATIENTS

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The sensitivity of the adolescent to the opinion, attitudes and values of his peer group and the concomitant dependence of his sense of identity upon the eventual attainment of competence in an adult role render him psychologically vulnerable to numerous negative as well as positive influences. An important characteristic of the adolescent is the fluidity of his psychological structure in his struggle to attain a new and more meaningful sense of identity (Eisenberg, 1965). Thus although the adolescent may be more psychologically vulnerable to various environmental impingements, the fluidity of his psychological structure nevertheless opens avenues for potentially useful intervention techniques which can modify or ameliorate negative attitudes which he may harbor regarding his worth to self and society.

The present study will assess change in Juvenile delinquent's attitudes toward old people as a function of interaction with geriatric and adult mental patients in a hospital setting. Although considerable research has been done concerning adult's attitudes toward the old (Bekker & Taylor, 1966; Kogan & Shelton, 1962; Tuckman & Lorge, 1953), most studies using younger population samples have been done with college students. Little is known about the non-college young population's attitudes toward old people, and there is nothing reported in the literature on juvenile delinquent's attitudes towards old people. The aim of the present study is to contribute some basic knowledge to the scientific understanding of how young people classified as delinquents feel toward old people.

A major assumption underlying the proposed study is that attitudes can be modified or changed as a result of environmental manipulation, and that as an individual's attitude changes, there is a concomitant change in his self-concept. For the purpose of the present study, an attitude may be defined as a predisposition to act toward members of a particular age group (e.g., old people, young people) in some way based on both beliefs about that age group and sentiments toward it. The proposed study is one aspect of a larger study wherein changes in self-concept of male juvenile delinquents is examined as a function of interaction with mental patients (Russo, 1970). The central hypothesis of the Russo (1970) study is that "Humans who perceive of themselves as real helpers in a relationship grow in positive ways as a result of the relationship." The present study proposes to document one aspect of this hypothesized positive growth by utilizing a sentence completion procedure for assessing change in attitudes toward old people. Data will also be collected on the attitude of delinquent youths toward young people in general and on the openness or closedness of delinquents belief systems.

Specific hypotheses may be stated as follows:

1. The delinquent youth's attitudes toward old people change as a result of interaction with geriatric and adult mental patients in a hospital setting.

2. Change in attitudes is the greatest for those individuals with an open belief system (low dogmatic Ss).

3. Because attitudes are basic and enduring in nature, relatively large changes in either positive or negative directions are not anticipated.

4. Delinquent youth's attitudes toward "other" groups are more positive than non-delinquent youth because their cognitive differentiation of self tends to be more congruent with "other" (minority or disadvantaged) group schemas.

5. Delinquent youth's attitudes toward young people in general are different from those of non-delinquents.

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